



## POLICYHOLDER THIRD-PARTY USER ACCESS AUTHORIZATION FORM

Please complete this form and return it to [help@fcci-group.com](mailto:help@fcci-group.com) to provide authorization for a third-party user, such as a payroll company employee, to access your ExpressServe<sup>SM</sup> account.

### ACCOUNT INFORMATION

Account Name: \_\_\_\_\_

Account Number (or Policy Number): \_\_\_\_\_

Agency: \_\_\_\_\_

### REQUESTED THIRD-PARTY ACCESS

List which user will be granted access to ExpressServe. Access to ExpressServe is issued on an individual user basis, per account.

FIRST NAME	LAST NAME	E-MAIL ADDRESS	COMPANY NAME	SELECT USER PERMISSIONS
				<input type="checkbox"/> Full ExpressServe Access <input type="checkbox"/> Self-Reporting Access Only  <i>Selecting Self Reporting Access Only limits the user's view of ExpressServe to conceal policy and claim information.</i>

### POLICYHOLDER AUTHORIZATION

*By signing here and submitting this form to FCCI, I authorize FCCI to provide the individuals listed above with access to ExpressServe.*

Submitted by (name): \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_